PTO/SB/17 (01-03)

Approved for use through 04/30/2003. OMB 0651-0032

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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•	for FY 2003	

Under the Paperwork Reduction Act of 1995, no persons are required	d to	and to	a collect	tion of i	Approved t	or use through 04/30/2003. OME nless it displays a valid OMB con	10651-0032 trol number.	
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FEE TRANSMITTAL		pplica	tion Nu	umber	. 0	9/830,554-Conf. #7179		·
	_	iling D			N	lay 4, 2001	_ <i></i> /_	76/1/2
for FY 2003		_	med I	nvent		lideki SASAKI		10 VER
Patent fees are subject to annual revision.			er Nan		E	ernard D. Pianalto	-	CEIVED 132003 200
	17	2mun /	Art Unit	·	1	762		, , , ,
Applicant claims small entity status. See 37 CFR 1.27			y Dock			KA-0028 (85424-0028		> ∧-
TOTAL AMOUNT OF PAYMENT (\$) 730.00		ALLOI II C	, 500.			ATION (continued)		00
METHOD OF PAYMENT (check all that apply)					CALCOL			
Check Card Money Other None None	3. AD	DITIO	NAL F	·FF2				
X Deposit Account	Large I	Entity	Small E					
Deposit Account 18-0013	Fee Code	Fee (\$)	Fee Code	Fee (\$)		Fee Description	Fee Paid	
Number		```			Surcharge -	- late filing fee or oath		
Deposit Account Rader, Fishman & Grauer PLLC	1051	130	2051			- late provisional filing fee or cove	r	
Name The Commissioner is hereby authorized to: (check all that apply)	1052	50	2052	25	sheet.		<u> </u>	
V Credit any overnayments	1053	130	1053	130	Non-English	n specification		
Charge fee(s) indicated below Charge any additional fee(s) during the pendency of this	1812	2,520	1812	2,520	For filing a re	equest for ex parte reexamination		1
application	1804	920*	1804	920*	Requesting Examiner a	publication of SIR prior to		
Charge fee(s) indicated below, except for the filing fee	ŀ			1,840*	Requesting	publication of SIR after		
to the above-identified deposit account.		1,840*			Examiner a	ction or reply within first month		
FEE CALCULATION	1251 1252	110 410	2251 2252	55 205	Extension f	or reply within second month	410.00	
1. BASIC FILING FEE	1252	930	2253	465		or reply within third month		
Large Entity Small Entity Fee Fee Fee Fee Fee Description	1254	1,450	2254	725		for reply within fourth month		1
Code (\$) Code (\$)	1255	1,970	2255	985	Extension	for reply within fifth month		
1001 750 2001 375 Utility filing fee	1401	320	2401	160			320.00	
1002 000 200 Block Filing foo	1402	320	2402	160		ef in support of an appeal		11
1003 520 2003 260 Plant filling fee 1004 750 2004 375 Reissue filing fee	1403	280	2403	140		or oral hearing institute a public use proceeding		1
1005 160 2005 80 Provisional filing fee	1451	1,510	1451			revive – unavoidable][
SUBTOTAL (1) (\$) 0.00	1452 1453	110 1,300	1			revive - unintentional]
	1501	1,300	1	650		e fee (or reissue)		41
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1502		2502	_				41
Claims below Fee Paid	1503		2503					41
Total Claims -** = X = Independent x = X	1460		1460	130		to the Commissioner		41
Claims	1807	50	1807	50	Processir	ng fee under 37 CFR 1.17(q)		41
Multiple Dependent	1806	180	1806	180	Submissi	on of Information Disclosure Stmt	<u> </u>	41
Large Entity Small Entity Fee Fee Fee Fee Fee Description	8021		8021	1 40	' property i	g each patent assignment per (times number of properties)		41
Code (\$) Code (\$)	1		1		_e Filing a s	ubmission after final rejection		11
1202 18 2202 9 Claims in excess of 20 1201 84 2201 42 Independent claims in excess of 3	1809	750	200	. Jr	(3/ UFR	1.129(a)) additional invention to be		-11
and the stuffield dependent claim if not paid	1810	750	2810	0 37	examine	d (37CFR 1.129(b))	,	-
1204 84 2204 42 ** Reissue independent claims	180	1 750	280	1 37	5 Request	for Continued Examination (RCE) for expedited examination	' 	-
over original patent	180	2 900	180	2 90	of a desi	gn application		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			pecify)					닠
	·Re	duced b	y Basic	Filing F	Fee Paid	SUBTOTAL (3) (\$)	730.0	<u>o</u>] [
SUBTOTAL (2) (\$) 0.00 **or number previously paid, if greater; For Reissues, see above	1							=

or number previously paid, if greater,	Complete (if applicable)			
SUBMITTED BY	Registration No. (Attorney/Agent)	42,314	Telephone	(202) 955-3750
Name (Print/Type) David K. Benson	(Allomey/Agenty		Date	January 9, 2003
Signature ->->				